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June 30, 2005

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

Jonathan E. Fielding, M.D., M.P.H.
Director of Public Health and Health Officer

SUBJECT: **PUBLIC REPORTING OF HOSPITAL ACQUIRED INFECTIONS**

On May 31, 2005, the Board approved a motion by Supervisor Antonovich, directing the Department to report back to the Board with a comprehensive plan developed in cooperation with private hospitals to begin making public that rate of hospital infections by hospital, outbreak information by hospital, and a plan to Implement surprise random inspections to ensure compliance. This is a status report on that motion.

Background

On March 17, 2005, we wrote to the Board about this issue (Attachment I) informing that the Department supports the concept of public disclosures of meaningful information on healthcare-associated infections in a manner that would assist consumers on considering healthcare options. While we consider information on individual cases or outbreaks to be most often not meaningful for consumers, information on hospitals' efforts to prevent and control hospital infections generally can be meaningful.

It will be necessary for changes in State laws on release of information for public disclosure of HAIs (including outbreaks) in a standardized and easily understood form while continuing to maintain patient confidentiality as provided by the Health Insurance Portability and Accountability Act (HIPAA) and preserving the close working relationships and confidential feedback of performance data from local health departments to healthcare institutions and providers.

On March 3, 2005, we wrote (Attachment II) to the California Department of Health Services (CDHS) to recommend that an appropriate system of public reporting of Hospital Associated Infections (HAIs) be developed and implemented, consistent with the Centers for Disease Control and Prevention (CDC)

Healthcare Infection Control Practices Advisory Committee's (HICPAC) "Guidance on Public Reporting of Healthcare-Associated Infections" and existing State laws on release of information (Attachment III). We noted that process or outcome measures related to central-line insertion practices and associated bloodstream infections, surgical antimicrobial prophylaxis and surgical site infections, and influenza vaccination coverage rates for patients and staff are indictors which should be considered.

Dr. Richard Jackson, State Public Health Officer, responded on May 16, 2005 (Attachment IV) that the CDHS would be willing to convene a workgroup to advise the State on how best to achieve the goal of reducing HAIs. On June 6, 2005, Dr. Jackson wrote to the California Conference of Local Health Officers (CCLHO) announcing his establishment of a CDHS Workgroup to discuss and develop practical options of reducing HAIs in California (Attachment V).

Comprehensive Plan for Hospital Associated Infections:

While we believe a statewide system would be best (which would require statutory changes), we are also working with local hospitals to set up an appropriate system of voluntarily reporting HAIs within Los Angeles County. Under current law, a local system would be voluntary and require cooperation by the local hospitals.

To start collaboration on developing a comprehensive voluntary plan for HAIs, we wrote a letter on March 9, 2005 (Attachment VI) to Mark Gamble, Regional Vice President of the Hospital Association of Southern California (HASC) expressing our desire to work with HASC, especially the Los Angeles Regional Office, to develop and implement an appropriate system of public reporting of HAIs in Los Angeles County consistent with the CDC HICPAC Guidance and existing State laws on release of information. HASC responded in a positive manner and an initial meeting was held on May 29, 2005. During that meeting, HASC noted that private hospitals are currently collaborating to develop a comprehensive plan to address the issue of hospital assessment and reporting through the California Hospital and Reporting Task Force (CHART) and welcomed our participation. Included in the proposed measures are surgical infection prevention, urinary catheter associated urinary tract infection, central line associated sepsis and ventilator associated pneumonia.

To date, over 215 hospitals have signed up for CHART. Our Department has formally agreed to participate in this effort see Attachment VII. The goals of CHART include: create a single, useful, standardized set of hospital performance measures for public reporting; educate and engage the public concerning their health choices with information that is presented in a meaningful context; and provide hospitals with clean, benchmarked, risk-adjusted comparative data to use for quality improvement. An overview of the status of the CHART as of June 2005 is attached. (Attachment VIII)

Surprise Random Inspections to Ensure Compliance

If the DHS Public Health Acute Communicable Disease Control (ACDC) Program receives an outbreak report or a communicable disease report, it has the authority to review the hospital records in furtherance of its mandate for disease control. If the Health Facilities Inspection Division receives a compliant which alleges lapses in information control, it can review hospital records to investigate the complaint. However, based on discussions with County Counsel, we do not believe that the Department has the authority to make random and unannounced site visits.

For these reasons, ACDC has emphasized collaborative outreach processes. ACDC has strengthened its relationships with hospitals and further promoted open and prompt communication.

Bioterrorism Preparedness and Response Grant, it increased the personnel assigned to these new functions from 2.5 to 9 FTEs.

The mission of the new HOU is to enhance emerging infectious disease preparedness and response efforts and improve hospital disease reporting by hospitals in LAC through strengthened communications, collaborations, and consolidation of resources. The HOU's Liaison Public Health Nursing Project began in November 2003. Public Health nurses have partnered with hospital infection control professionals (ICPs) and other key hospital personnel to assess hospitals; reporting systems, improve the disease reporting processes, and provide consultation, education/training, and other public health services and referral.

Staff also attend, by invitation, the Infection Control Committees (ICC) consisting of fourteen health facilities, including: Citrus Valley, Garfield, Glendale Adventist, Huntington Memorial, Methodist, San Dimas, San Gabriel Valley, Brotman, LAC+USC, Olive View, Harbor+UCLA, King/Drew, Centinela, and UCLA Medical Centers. Such committees are mandated by the national Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Attendance and participation by Public Health provides a regular opportunity to comment on hospital infection control findings and practices.

Should any report and a related investigation indicate a situation where the public, patients, or hospital staff are at increased risk of disease, then the public, patients and/or hospital staff will be notified, as appropriate, along with the Board.

We will provide you with an update by September 1, 2005 concerning our progress in working with HASC and CHART on a local option. In the meantime, if you have any questions or need additional information, please let either of us know.

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Attachments

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors